TRADE PERMIT APPLICATION

CITY OF Windsor Heights

Deputy City Clerk Nate Leuthold 1145 66th Street, Suite 1 Windsor Heights, IA 50324 (515) 645-6826 – nleuthold@windsorheights.org

Job Address:		
Plat and Lot #		Zoning:
(If available)		
Use of Building:		
Description of Work:		
Occupant Name:	Email Address:	Phone:
Owner Name:	Email Address:	Phone:
Contractor Name:	Email Address:	Phone:
Contractor State License Number:	MASTER LICENSE #: (if applicable)	
Architect		
or Designer:	Email Address:	Phone:
Engineer:	Email Address:	Phone:
All payments should be	e made to the City of Windsor H	leights. Payment is due with application.
Please mark all permits you are applying for.	 Temporary Electric Service _ Electric - All Other Plumbing Mechanical 	\$80.00
	lerstands and agrees to the following:	
	applicant is responsible for contacting Sa	il approved by the inspector. Work that is not inspected is afe Building at 515.333.4161 a minimum of 1 business day
		proval date or if work does not begin or is abandoned for ed. Where work is begun before a permit is approved the
Work must be performed by a Star Questions can be directed to Safe Bu		ctor is presumed knowledgeable of the applicable Code.
Signature of Applicant:	Date:	
Please Print Name:		
When signed below and dated, this beco	mes your approved permit.	
APPROVED:	Date	e:
PLEASE NOTE:		

